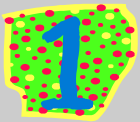




Not Just Once

The Bimonthly Newsletter of HCFA's
 National Medicare Mammography Campaign



Celebrating Our One Year Anniversary

It's difficult to believe that this issue of the Not Just Once Newsletter marks our one year anniversary. It is a real milestone for us, and we hope to continue bringing you timely information on HCFA's National Medicare Mammography Campaign. We have included a fax-back survey in this issue which will help us to better understand what features and articles our readers find most useful, and what information you would like to see in the future. Please take a few minutes to fill out this survey and to fax it back. We look forward to hearing your comments and suggestions.

In this issue of Not Just Once, we are proud to bring you the findings of HCFA and NCI's Joint Omnibus Survey of over 800 Medicare women which indicate once again that misconceptions about breast cancer risk and the potential benefit from regular breast cancer screening are prevalent among older women. The survey also brings us good news in that the vast majority of women surveyed (80%) received their most recent mammogram two years ago or less — a substantial increase from 1992 (55%) and a positive reflection on our efforts to educate older women about the Medicare mammography benefit and the importance of regular screening. This issue of Not Just Once also turns our PRO Spotlight on the highlight the efforts of the Illinois Foundation for Quality Health Care and their Bells and Silence for Remembrance Campaign in Chicago.

Happy reading, and happy anniversary!

Sincerely,

Ta Budetti

Deputy Regional Administrator
 HCFA, Region V, Chicago

Sandy Kappert

Director, Division of Health Promotion
 HCFA's Center for Beneficiary Services

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Not Just Once

THE BIMONTHLY NEWSLETTER OF HCFA'S NATIONAL
 MEDICARE MAMMOGRAPHY CAMPAIGN
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Tel: 312-886-5352

Or contact us by email Rklugman@hcfa.gov

HCFA's Not Just Once newsletter is now available
 on the Internet. Please visit us at HCFA's web site:

www.hcfa.gov/quality/3n.htm

THE NOT JUST ONCE NEWSROOM

Providing You With The Latest In Breast Cancer News



SOCIAL FACTORS IMPORTANT IN BREAST CANCER SCREENING DECISIONS

Women who perceive that regular mammography screening is a common, acceptable practice among their peers are more likely than others to get mammograms regularly, new research shows. Scientists from the Dana-Farber Cancer Institute, the Harvard School of Public Health, and the University of Massachusetts School of Public Health also found that health care provider recommendations significantly influence women's breast cancer screening decisions.

"This research provides valuable insight into the ways in which social factors influence women's screening behavior and has implications for the design of interventions," said Jennifer Dacey Allen, MPH, DSc, the lead researcher.

The study examined the relationship between social network characteristics and breast cancer screening practices among 1,045 working women age 52 and older. The subjects were employed at 27 Massachusetts work sites participating in the Breast and Cervical Cancer Education Project, a four-year, randomized trial funded by the National Cancer Institute. The data were collected using a self-administered questionnaire. The results of the study appear in the current issue of *Annals of Behavioral Medicine*.

Although the study's primary purpose was to examine the influence of social networks, the results also suggest evidence that a health care provider's recommendation is the most powerful predictor of regular breast cancer screening.

"Health care providers clearly act as gatekeepers for breast cancer screening procedures and may influence

women's perceptions about the social acceptability of mammography. Therefore, intervention efforts should include strategies to increase the number of provider referrals for screening," said Allen. The research was funded by the National Cancer Institute. **[Source: Eureka News Service, 11-9-99; The Annals of Behavioral Medicine is the official peer-reviewed publication of The Society of Behavioral Medicine. For information about the journal, contact Arthur Stone, PhD, 516-632-8833].**

BREAST AND CERVICAL CANCER SCREENING VARIES BY AGE AMONG BLACK AND HISPANIC WOMEN

Elderly women constitute most of the new cases and deaths from breast cancer. Also 25 percent of new cases from cervical cancer and 43 percent of deaths from cervical cancer are in women 65 and older. Elderly minority women bear the largest brunt of these two diseases. Yet a new study shows that elderly Black and Hispanic women are screened less for breast and cervical cancer than their younger counterparts. The study, supported in part by the Agency for Health Care Policy and Research was conducted by researchers at Georgetown University School of Medicine and the Johns Hopkins School of Hygiene and Public Health. The researchers surveyed by telephone a sample of 1,420 Hispanic and Black women from New York City. The Hispanic women were from Columbia, the Dominican Republic, Puerto Rico, and Ecuador, and the Black women were from the United States, the Caribbean, and Haiti. The researchers asked the women about their past use of mammography, clinical breast exam (CBE), and Pap tests.

Women 65 and older were 21 percent less likely than younger women to have ever had a Pap smear and 33 percent less likely to have had a Pap test recently, after controlling for access to care, sociodemographic factors, health, time in the United States, and attitudes toward health care. However, for younger women, being in poor health increased the odds of such screening. Poor health likely leads to greater interaction with the health care system and an increased opportunity for screening in younger women, while there may be triaging of older women by health status.

Being elderly also tended to be an independent but weaker predictor of CBE use, not having had a recent mammogram, and not ever having had a mammogram. The strongest predictor of breast cancer screening for all ages was having a usual source of care.

Women who had a regular source of care were 200 percent more likely to have ever had or recently had both mammography and CBE. Also, women with negative attitudes toward cancer (anxiety, hopelessness, denial, superstition) were 40 to 60 percent less likely to have ever been screened or recently screened for breast cancer. The authors conclude that further research is needed to explain the relationships between age, health, and use of screening among minority women.

[Source: "Breast and Cervix Cancer Screening Among Multiethnic Women: Role of Age, Health, and Source of Care" by Jeanne S. Mandelblatt, MD, MPH; Karen Gold, PhD, Ann S. O'Malley, MD, MPH, and others in *Preventative Medicine* 28, pp. 418-425. 1999].

HCFA/NCI NEWSFLASH!

Despite Increases in Mammography Among Older Women, Misperceptions Persist



WASHINGTON, Oct. 20, 1999 Despite increases in mammography rates among older women, misperceptions about the procedure still persist, HHS Secretary Donna E. Shalala announced, releasing a new study conducted by the National Cancer Institute (NCI) and the Health Care Financing Administration (HCFA) to mark National Breast Cancer Awareness Month. To spread the word about the importance of mammography in early detection of breast cancer, especially in the minority community, Secretary Shalala also released two public service announcements featuring singer and actress Whitney Houston and First Lady Hillary Rodham Clinton. Since 1995, both the President and the First Lady have appeared in television public service announcements encouraging older women to get mammography screening and promoting the use of Medicare coverage for mammography.

According to the study, the vast majority (88 percent) of women ages 65 and older have had at least one mammogram in their lifetime, representing a 25 percent increase from a similar survey conducted by the American Association of Retired Persons (AARP) in 1992. The majority of women over age 65 (70 percent) have received a mammogram within the last two years -- again a substantial increase from 35 percent in 1992. Although breast cancer risk increases with age, data from the survey also show that more than one-third of women ages 65 and older are not as concerned about getting breast cancer as they were when they were younger. Additionally, only 57 percent of the nationally representative sample of 814 women ages 65 and older know they should have a screening mammogram every one or two years. "Since 1993, we have made great strides in our bat-

tle against breast cancer," Secretary Shalala said. "We've increased women's access to screening, early detection and treatment, improved the quality of care, and launched the largest breast cancer clinical trial ever. Yet these findings remind us that we must do more to address the need for regular breast cancer screening, especially among older women," she said.

Other key findings from the NCI/HCFA survey include:

- Minority women were nearly twice as likely as white women to say that they "didn't know" at what age to start getting mammograms (20 percent vs. 11 percent).

- Half of the women who have had mammograms received them as part of routine medical care. One-third (34 percent) also indicated that a doctor or other health professional had recommended it to them. Those who never had a mammogram were most likely to report that they didn't feel they needed it and/or that a doctor had not recommended it.

- More than three-quarters of women (77 percent) were aware that Medicare will cover the cost of mammograms, but only slightly more than half (58 percent) had actually used Medicare for this purpose. Minority women are nearly twice as likely as white women to be unaware that Medicare covers mammograms (29 percent vs. 17 percent).

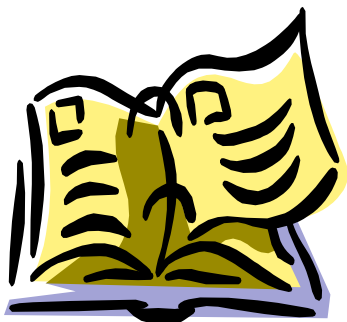
HHS also provides screening services for low-income and medically underserved women in all 50 states, six U.S. territories, the District of Columbia, and 12 American Indian/Alaska Native organizations through CDC's National

Breast and Cervical Cancer Early Detection Program. New data released shows that the program has provided more than 2.2 million screenings since 1991, including over one million mammograms, with minority women making up nearly half of those screened.

In December 1993, the Clinton Administration launched the National Action Plan on Breast Cancer, which has guided HHS efforts to increase research, prevention, and treatment. NCI and HCFA formed a partnership in 1998 to raise awareness of the importance of regular mammography screening among women ages 65 and older, and of the expanded mammography screening benefit for Medicare beneficiaries. NCI has also launched the Study of Tamoxifen and Raloxifene (STAR) clinical trial, to compare the drugs for their effectiveness in reducing the risk of breast cancer in postmenopausal women who are at increased risk for the disease.

Full copies of the NCI/HCFA research study "Knowledge, Attitudes, and Behavior of Women Ages 65 and Older on Mammography Screening and Medicare" (POS# T162) and other breast cancer and mammography screening information are available through NCI's Cancer Information Service (CIS) at 1-800-4-CANCER and NCI's Web site at <http://www.nci.nih.gov/> by clicking on "press releases" or see our order form on page 7 of the **Not Just Once** newsletter.

Educational Events



DECEMBER 12/08/99-12/10/99 22ND SAN ANTONIO BREAST CANCER SYMPOSIUM

This annual symposium is designed to provide state-of-the-art information on the experimental biology, etiology, diagnosis, treatment and prevention of breast cancer. The symposium is at the Marriott Rivercenter, in San Antonio, TX. For more information, please contact Lois Dunnington at (210) 616-5912.

JANUARY

1/09/2000-1/12/2000

CANCER RESEARCH AT THE MILLENIUM

The goal of this conference is to review the current status of cancer research at the new millenium and to identify promising future directions of immunology, cancer prevention, genetics, and other topics. The conference will be held at the Westin in Houston, TX. For more information, visit www.mdacc.tmc.edu/~meetings.

FEBRUARY

2/5/2000-2/9/2000

31ST SOCIETY OF GYNECOLOGIC ONCOLOGISTS (SGO) ANNUAL MEETING

The 31st Annual Meeting combines education, networking and technological innovations in the prevention and treatment of women's cancers. Meeting attendance is mandatory for every board certified gynecologic oncologist in the United States and abroad. The 31st Annual Meeting will be held in San Diego at the Marriott Hotel and Marina. For more information, please contact the Society of Gynecologic Oncologists at (312) 644-6610.

2/9/00-2/10/00

7TH BIENNIAL SYMPOSIUM ON MINORITIES

The latest scientific and treatment information will be presented, as well as strategies for reducing the disproportionate incidence of cancer morbidity and mortality among minorities and the medically underserved. <http://icc.bcm.tmc.edu>. The symposium will be located at the Grand Hyatt, Washington, DC. Please contact Carlotta V. Handcock, M.Ed. at (713) 798-5383 for more information.

2/11/2000-2/14/2000

4TH ANNUAL MULTIDISCIPLINARY SYMPOSIUM ON BREAST DISEASE

Sponsored by the University of Florida Health Science Center, this meeting will be held at the Ritz Carlton Amelia Island Resort on Amelia Island, FL. Reservations are required. For more information, please contact Shahla Massod, MD, Editor in Chief of the Breast Journal. Phone: 904-549-4889.

Coming Soon...

Spring of 2000

NATIONAL CONFERENCE: BREAST CANCER & LATINAS

The Y-ME National Breast Cancer Organization will sponsor a bilingual conference on breast cancer in Latinas. The National Conference will be held in San Diego and will set the tone for goals and strategies as we start the new millennium. For more information, please contact Catalina Ramos at (312) 294-8522.

Have an event you would like to share in Not Just Once? Please give us a call with details at (312) 886-5352 or send an email to Rachel Klugman at rklugman@hcfa.gov.

HCFA's Two Newest Regional Mammography Coordinators: Region VI's Sandra Mason and Region VII's Denise Buenning

HCFA's National Medicare Mammography Campaign has two new Regional Mammography Coordinators. Sandra Mason will be replacing Linda Horsch from HCFA's Region VI in Dallas. Denise Buenning replaces Darcy Jakopchek from HCFA's Region VII in Denver. As many of you know, Linda and Darcy have been instrumental in working with state coalitions and regional PROs to develop coordinated approaches to educating Medicare women and providers about the importance of regular mammography screening and the annual Medicare benefit. *Not Just Once* salutes them for their hard work and leadership in this area. We look forward to working with Sandra and Denise to further develop activities in these two regions. Sandra may be reached in HCFA's Dallas Regional Office at (214) 767-2075. Denise may be reached at the Denver RO at (816) 426-6317, ext. 3419. We encourage PRO and CIS partners to give them a call in the near future and introduce yourselves! In addition, Betty Burrier joins the National Medicare Mammography team from HCFA's Center for Beneficiary Services. Betty will be working closely with us to coordinate our national activities. Welcome Betty!

HCFA'S REGIONAL MAMMOGRAPHY COORDINATORS

Helen Mulligan and Ann Dowling-Green HCFA Region I John F. Kennedy Bldg, #2275 Boston, MA 02203 (617) 565-1296 hmulligan@hcfa.gov or adowlinggreen@hcfa.gov	Gloria Oyetubo HCFA Region IV 61 Forsyth Street, Suite 4T20 Atlanta, GA 30303 (404) 562-7217 goyetubo@hcfa.gov	Denise Buenning HCFA Region VII 601 E. 12th Street Kansas City, MO 64106-2808 (816) 426-6317 x 3419 dbuenning@hcfa.gov	Shirley Borderlon HCFA Region IX 75 Hawthorne Street San Francisco, CA 94105- 3903 (415) 744-3613 sborderlon@hcfa.gov
Diane Tully HCFA Region II 26 Federal Plaza, Room 3811 New York, NY 10278 (212) 264-7458 dtully@hcfa.gov	Rachel Klugman HCFA Region V 105 West Adams, 14th Floor Chicago, IL 60603 (312) 886-5352 rklugman@hcfa.gov	Mary Munoz and Jeannie Wilkerson HCFA Region VIII 1961 Scout Street, Room 522 Denver, CO 80294-3538 (303) 844-6149 mmunoz@hcfa.gov jwilkerson@hcfa.gov	Margaret Medley HCFA Region X 2201 Sixth Avenue, RX-40 Seattle, WA 98121-2500 (206) 615-2368 mmedley@hcfa.gov
Pat Lowry HCFA Region III 3535 Market Street, #3100 Philadelphia, PA 19104 (215) 861-4295 plowry@hcfa.gov	Sandra Mason HCFA Region VI 1301 Young Street, #833 Dallas, TX 75202-4348 (214) 767-2075 smason@hcfa.gov		

PRO SPOTLIGHT

IFQHC's City of Chicago Breast Cancer Awareness Day: Bells and Silence for Remembrance



The Mary A. Boykin Brass Hand Bell Choir of the Church of the Good Shepard in Chicago performs as part of the Bells and Silence for Remembrance program.

The Illinois Foundation for Quality Health Care (IFQHC) has closely partnered with the Chicago Department of Public Health, the Chicago Department on Aging, the American Cancer Society, the US Department of Health and Human Services Region V Office on Women's Health, and the Health Care Financing Administration to promote breast health education for Medicare consumers in Chicago. On October 21, 1999, IFQHC participated in the 1999 Breast Health Awareness Day for the City of Chicago. The Chicago Department of Public Health's Commissioner for Women's Health along with several breast health advocates, providers and breast cancer survivors presented information and related personal experiences. The American Cancer Society highlighted their "Tell A Friend" initiative and IFQHC discussed their progress with the Chicago Multi-City Mammography Pilot Project.

As part of the program, the Bells and Silence for Remembrance campaign was presented. Churches, synagogues, mosques, and other interfaith organizations were encouraged to designate a time during their worship services in October to observe a moment of silence or ring a bell to recognize breast cancer survivors, victims of cancer, and to remind women of the importance of regular mammography screening. The initiative was first presented in 1995 in Vermont and New Hampshire by the Northeast Health Care Quality Foundation and has since been adopted by several states. The program has also received recognition from Vice President Al Gore. More than twenty-five hundred letters were sent to Chicago-area clergy to encourage support and participation for the Bells and Silence for Remembrance initiative.

At the end of the program, the Mary A. Boykin Brass Hand Bell Choir of the Church of the Good Shepard in Chicago performed. Two of the ten hand bell choir members are breast cancer survivors, a poignant reminder of the statistics that we are fighting against.

As many of you know, the Illinois Foundation is in the third and final year of the Chicago Multi-City Project. IFQHC selected 56 of the 77 communities in Chicago to target for the project. The selection encompasses 99 percent of all African-American Medicare eligible women and 70 percent of Hispanic/Latino Medicare eligible women.

Research suggests that physician referral is one of the most influential factors in a woman's decision to get a mammogram. The Chicago Multi-City Project is designed to provide tools and information to enhance the efforts of physicians and other health care professionals who provide mammography services and breast health education to African-American and Hispanic/Latino Medicare consumers. Project materials are available to participating physicians and health care providers. The materials are packaged in a Project-in-a-Box and consist of a project brochure, mammography guidelines from the US Department of Health and Human Services, a resource guide in English and Spanish which lists certified mammography screening facilities in Chicago, special services at each site and community assistance programs, medical record reminder stickers, appointment cards, and posters.

More than forty physicians have been trained to give peer presentations regarding the Multi-City Mammography Project. Currently, 50 percent of the hospitals in the targeted areas have had face-to-face meetings and presentations resulting in more than 650 physician participants. In addition to the hospitals, IFQHC has also worked with physician management organizations to encourage participation.

The **Not Just Once** Newsletter salutes the Illinois Foundation for Quality Health Care for its work to organize the 1999 City of Chicago Breast Health Awareness Day and to implement the Bells and Silence for Remembrance Campaign in Chicago. For more information on IFQHC's efforts and the Chicago Multi-City Project, please contact Margaret Marshall or Nancy Bracken at (630) 571-5540.

Every other month, we offer the opportunity for regional offices and PROs to share information about activities that are underway in their communities. We encourage you to email submissions for our next issue of

Not Just Once to rklugman@hcfa.gov. We'll be sure to include your update.

HCFA/NCI Mammography Materials Order Form

National Cancer Institute/Health Care Financing Administration
Mammography Education and Promotion Materials



ORDER FORM

Name:

Title:

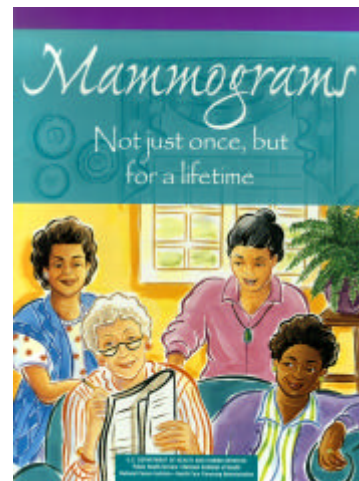
Organization:

Address:

City:
State:

Zip Code:

Phone:



Title & Contents Description	Language	Publication Number	Size	Quantity
Mammograms... Not Just Once, But For A Lifetime Large-print, easy to read brochure that defines mammography, describes who needs this important examination, and Medicare information.	English	H496	8½ x 11	(maximum order 5000)
Spanish Version — See above.	Spanish	H497	8½ x 11	(maximum order 5000)
Older Woman Poster Includes slogan with Medicare information. A poster featuring an older woman, available for display in health care settings (minimum order: 20)	English	G500	11 x 17	(maximum order 5000)
Spanish Version — See above.	Spanish	G501	11 x 17	(maximum order 5000)
Older Woman Bookmark Includes slogan with Medicare information. Bookmark features an older woman with facts in breast cancer, mammography, and Medicare coverage.	English	Z498	2 x 8	(maximum order 5000)
Spanish Version — See above.	Spanish	Z499	2 x 8	(maximum order 5000)
Pap Tests: A healthy habit for life Large-print, easy-to-read brochure that defines Pap tests, describes who needs this screening test, and includes Medicare information.	English	H345	8½ x 11	(maximum order 5000)
Ad Slicks Camera-ready ads in a variety of sizes featuring older women. Includes slogan with Medicare information.	English	C135		
Knowledge & Behavior of Women Ages 65 and Older On Mammography Screening & Medicare: 25-page bound report with findings from a telephone survey conducted in Spring of 1999. (Limited quantities available. On-line version will be available on the NCI website http:// www.nci.nih.gov	English	T162		

Fax order form to National Cancer Institute: (301) 330-7968

Cultural Beliefs and Mammography: The Need for Cultural Competence

By Fabio Sabogal, PhD
CMRI (California Medical Review, Inc.)



Cultural beliefs often prevent older women from receiving the benefits of mammograms. Many older women believe that as they age, they do not need mammograms. Others are terrified to find out they have breast cancer or think that breast cancer is a death sentence. Still others distrust the medical system or use it only when it is too late.

Culturally competent healthcare providers must deal effectively with individuals who may have different cultural beliefs and health practices. Healthcare providers must recognize cultural barriers -- fatalism, embarrassment, and distrusting attitudes-- and reinforce positive cultural values -- family support, respect, and desire to learn -- that may encourage breast cancer screening.

What are some of the cultural factors related to mammography?

Culturally competent healthcare providers need to explore the patient's health beliefs, attitudes, and cultural barriers in a caring and sensitive manner:

Lack of Preventive Attitudes: low perceptions of breast cancer risk. Habits of accessing the healthcare system only when crises occur.

Fatalism: "Whatever will be will be." Belief that disease is determined by outside forces. Breast cancer may be associated with strong fears and hopelessness.

Suffering: Stoic attitudes: "If I get breast cancer, I must endure it." One must endure high levels of pain.

Cultural Beliefs: Meaning of breast cancer varies depending on the patient's cultural beliefs (e.g., offended spirit or punishment for a sin thought to be causes of illness). False notion of no risk if post-menopausal or not sexually active.

Distrust: Suspicion regarding health care and government leads to delayed medical care. Fear of deportation.

Folk Medicine: Use of lay healers and non-Western treatments may delay diagnosis and treatment.

Respect: Respectful social interactions are paramount, even if you disagree. Talking openly about sexual topics usually is considered disrespectful.

Family: Women are often in charge of the health of the entire family. Opinions of other family members are very important. The use of existing familial support systems helps to amplify the promotion of breast health messages. Breast cancer detection messages should emphasize the positive health benefits of screening for the health of the entire family.

What is cultural competence?

Cultural competence requires *cultural awareness*, the process of becoming sensitive to cultural groups and evaluating cultural biases; *cultural knowledge*, the educational process of learning about world views of cultures; *cultural skills*, the process of learning about culturally sensitive assessment tools; and *cultural encounters* the process of direct exposure with people from diverse cultural backgrounds. Cultural competence involves an understanding of the unique cultural beliefs and health practices of cultural groups.

Why is cultural competence so important?

The advice of trusted culturally competent physicians and other healthcare providers is a key factor for mammography use among older women. Older women are more likely to understand the importance of breast health and to engage in breast cancer screening practices if culturally competent healthcare providers candidly discuss the benefits of screening while displaying sensitivity, respect, and an empathetic manner.

Not Just Once would like to thank Dr. Fabio Sabogal of CMRI for this informative article emphasizing the need to work with cultural barriers to increase mammography among older women. For additional information on cultural competence, please feel free to call Fabio Sabogal directly at 415/677-2158.

For You. For Life: Kodak's ImageWatch Program

The ImageWatch Program for mammography is designed to provide Kodak's certified distributor personnel with the appropriate knowledge and tools necessary to help Kodak customers with mammography issues. Enrollees must be distributor service personnel, and must be recommended by their local Kodak sales representative. Participants in the Kodak ImageWatch Program receive training in the following areas: Legislative Issues, ACR Accreditation and MQSA, the Kodak Mammography Product line, Storage and Handling of Film and Chemistry, Quality Assurance, Mammography Troubleshooting, and other issues. The training program is 3.5 days in duration and is held regularly in eight cities across the U.S. As part of the ImageWatch program, Kodak has developed an impressive series of outreach materials called "For You. For Life." These materials are designed to help you educate women and their families about the importance of breast self-exam, clinical exams and mammography. Use these attractive posters in physicians' offices, examination rooms, waiting rooms, hallways, mammography suites, workplaces and other locations where women will see them. These materials are available in a variety of user-friendly formats, illustrated below:



A preprinted 3 1/2" x 5 1/2" postcard is a convenient way to remind women of the need to schedule their next mammogram at your facility. Reminder Postcard (pkg. of 50), Item No. M3-581, CAT No. 189 9475



Wallet-sized card provides women with a handy reference for tracking their mammography history. Wallet Card (pkg. of 50) Item No. M7-197, CAT No. 118 4795

A six-panel patient brochure highlights the recently updated American Cancer Society breast-health guidelines and provides answers to common questions about mammography. 4 1/4" x 9 1/2". Patient Brochure (pkg. of 50), Item No. M3-567K, CAT No. 899 6183 Spanish Language Version (pkg. of 50), Item No. M3-567S, CAT No. 143 9637

A convenient, easy-to-understand breast self-examination shower card helps women to select and use one of the correct methods to examine their breasts. Shower Card (pkg. of 50), Item No. M7-162K, CAT No. 879 3952

Monthly calendar reminder stickers help women remember the correct time to perform breast self-examination. BSE Reminder Stickers (pkg. of 50), Item No. M7-161K, CAT No. 107 8625

For more information on Kodak's ImageWatch program and the materials mentioned above, please see the Kodak Mammography Solutions website at <http://www.kodak.no/US/en/health/mammo>.

Susan G. Komen Breast Cancer Foundation Announces 1999 International Grant Recipients International Grant Program Awards More Than \$7 Million for High Impact Projects

The Susan G. Komen Breast Cancer Foundation recently announced 46 recipients of its 1999 International Grant Program, regarded as one of the most innovative and responsive grant program in breast cancer research. The awards include more than \$7 million to 42 institutions in 24 states and four countries. The Komen Foundation has a long history of funding cutting-edge research in order to fulfill its mission of eradicating breast cancer as a life-threatening disease. Since its inception in 1982, the Komen Foundation has spent more than \$45 million on research dedicated solely to breast cancer. This year's diverse projects include studies in the areas of genetic, dietary, hormonal, cellular and molecular research, as well as population-specific research projects. Credited with bringing a new level of integrity to the grant application and review process, the Foundation's International Grant Program adheres to a blind, peer-review process that is recognized by the National Cancer Institute (NCI).

The Komen Foundation also awards grants to population-specific projects that identify unique needs, trends and barriers to breast health care among certain populations and serve as models for broader implementation. Eleven innovative projects, which address such diverse populations as African Americans, Native Americans, Hispanics and lesbians, were selected for funding in this grant cycle. A new category in 1998, imaging technology grants enable research and development methods for early detection and diagnosis of breast cancer. Made possible by matching funds from the Joseph Drown Foundation, the Komen Foundation recently announced two grant recipients in this category.

The Susan G. Komen Breast Cancer Foundation's International Grant Program is funded by a minimum of 25 percent of all funds raised by Komen Affiliates and Komen Race for the Cure® events, as well as by private and corporate donations. The Susan G. Komen Breast Cancer Foundation and its powerful network of volunteers continue to lead the fight against the disease. Established in 1982 by Nancy Brinker to honor the memory of her sister, Susan G. Komen, who died from breast cancer at age 36, the Komen Foundation's mission is to eradicate breast cancer as a life-threatening disease by advancing research, education, screening, and treatment. The Komen Foundation is the nation's leading provider of funds for breast cancer research and community outreach programs, awarding more than \$100 million in grants since its inception.

Not Just Once Fax-Back Survey

Dear Partners:

We'd love to get your comments! Please use this fax-back form to let HCFA's National Medicare Mammography Campaign know what you think of the Not Just Once Newsletter. We especially welcome your suggestions for improvement and resources to add to the Newsletter. Please return your fax to the attention of Rachel Klugman at HCFA's Chicago Regional Office, (312) 353-0252. We look forward to your response!

Please tell us about your organization (i.e., Peer Review, Cancer Information Service, State Breast Cancer Organization, other):	Are there any topics or features that you think we should add to Not Just Once in the future?
<hr/> <hr/>	<hr/> <hr/>
What sections of this newsletter are most helpful to you? (i.e., Newsroom, Educational Events, PRO Spotlight)	<hr/> <hr/>
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Which parts are not helpful or useful?	Additional comments:
<hr/> <hr/>	<hr/> <hr/>
Please give us your suggestions for improvement or information you would like to see in the future:	Please fax this form to (312) 353-0252. Thanks!
<hr/> <hr/>	<i>Optional:</i>
	Name/Organization
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